

**INDIANA DEPARTMENT OF CORRECTION
JOB SHADOWING EMPLOYEE EVALUATION**

(To be completed by Coach)

EMPLOYEE: _____ COACH: _____

DATE: _____ FACILITY/DIVISION: _____

INSTRUCTIONS: Rate the employee's job shadowing performance with reference to the scale below. You are encouraged to comment on any factor you wish and are required to comment after ratings of NEEDS IMPROVEMENT.

Needs Improvement 1	Average 2	Above Average 3	Excellent 4
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How would you rate the Employee's?

1. Motivation? 1 2 3 4

2. Understanding of applicable departmental policies/procedures? 1 2 3 4

3. Interpersonal relationship skills? 1 2 3 4

4. Communication skills? 1 2 3 4

5. Professional Demeanor (appearance, conduct, etc.)? 1 2 3 4

6. Dependability? 1 2 3 4

7. Ability to accept feedback? 1 2 3 4

8. Do feel this program is beneficial to the Department? Please take a moment and explain.

9. If you could change anything about this program what would you change?

Additional Comments:

Coach (Printed Name): _____ Signature: _____

Reviewed by:

PPCC Committee Representative (Printed Name): _____

Signature: _____